## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: AURORA RES ALTERNATIVES INC 110 (0009008) Address: 1211 E HAMILTON AVENUE, EAU CLAIRE, WI 54701

**License Status: REGULAR** 

Licensed/Certified/Registered 05/04/2000

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

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Survey ID: 0094288 End Date: 03/16/2005 Type: OTHER Purpose: VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094216 End Date: 02/25/2005 Type: STANDARD Purpose: SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006418 Served 03/03/2005

<u>Compliance</u>

Deficiencies CitedSubject AreaVerifiedCorrected88.05(2)ACCESS TO HOME AND WITHIN THE HOME03/16/2005Yes